

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/532395**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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12						
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46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

**BEST AVAILABLE COPY**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
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61						
62						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

2 of 2

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/532395**

FILING DATE

**4-22-05**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			<input checked="" type="checkbox"/>			
102						
103						
104			<input checked="" type="checkbox"/>			
105			<input checked="" type="checkbox"/>			
106				<input checked="" type="checkbox"/>		
107				<input checked="" type="checkbox"/>		
108				<input checked="" type="checkbox"/>		
109				<input checked="" type="checkbox"/>		
110				<input checked="" type="checkbox"/>		
111				<input checked="" type="checkbox"/>		
112			<input checked="" type="checkbox"/>			
113				<input checked="" type="checkbox"/>		
114				<input checked="" type="checkbox"/>		
115			<input checked="" type="checkbox"/>			
116				<input checked="" type="checkbox"/>		
117				<input checked="" type="checkbox"/>		
118				<input checked="" type="checkbox"/>		
119				<input checked="" type="checkbox"/>		
120				<input checked="" type="checkbox"/>		
121				<input checked="" type="checkbox"/>		
122				<input checked="" type="checkbox"/>		
123			<input checked="" type="checkbox"/>			
124				<input checked="" type="checkbox"/>		
125				<input checked="" type="checkbox"/>		
126				<input checked="" type="checkbox"/>		
127				<input checked="" type="checkbox"/>		
128				<input checked="" type="checkbox"/>		
129				<input checked="" type="checkbox"/>		
130				<input checked="" type="checkbox"/>		
131			<input checked="" type="checkbox"/>			
132				<input checked="" type="checkbox"/>		
133				<input checked="" type="checkbox"/>		
134				<input checked="" type="checkbox"/>		
135				<input checked="" type="checkbox"/>		
136			<input checked="" type="checkbox"/>			
137				<input checked="" type="checkbox"/>		
138				<input checked="" type="checkbox"/>		
139				<input checked="" type="checkbox"/>		
140				<input checked="" type="checkbox"/>		
141				<input checked="" type="checkbox"/>		
142				<input checked="" type="checkbox"/>		
143				<input checked="" type="checkbox"/>		
144				<input checked="" type="checkbox"/>		
145				<input checked="" type="checkbox"/>		
146				<input checked="" type="checkbox"/>		
147				<input checked="" type="checkbox"/>		
148				<input checked="" type="checkbox"/>		
149				<input checked="" type="checkbox"/>		
150			<input checked="" type="checkbox"/>			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				<input checked="" type="checkbox"/>		
152				<input checked="" type="checkbox"/>		
153				<input checked="" type="checkbox"/>		
154				<input checked="" type="checkbox"/>		
155				<input checked="" type="checkbox"/>		
156				<input checked="" type="checkbox"/>		
157			<input checked="" type="checkbox"/>			
158				<input checked="" type="checkbox"/>		
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160			<input checked="" type="checkbox"/>			
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162				<input checked="" type="checkbox"/>		
163				<input checked="" type="checkbox"/>		
164				<input checked="" type="checkbox"/>		
165				<input checked="" type="checkbox"/>		
166			<input checked="" type="checkbox"/>			
167			<input checked="" type="checkbox"/>			
168			<input checked="" type="checkbox"/>			
169				<input checked="" type="checkbox"/>		
170				<input checked="" type="checkbox"/>		
171			<input checked="" type="checkbox"/>			
172				<input checked="" type="checkbox"/>		
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175			<input checked="" type="checkbox"/>			
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194						
195						
196						
197						
198						
199						
200						
TOTAL IND.		↓	14	↓		↓
TOTAL DEP.		←	58	←		←
TOTAL CLAIMS			72			